

**BUREAU OF NAVAL PERSONNEL
SPECIAL ACT OR SERVICE AWARD RECOMMENDATION**

NAME OF AWARDEE: (Last, First, MI)

AWARDEE SSN:

PERS CODE:

GRADE/STEP:

RECOMMENDATION PERIOD:

RECOMMENDED AMOUNT:

INTANGIBLE BENEFITS

VALUE: \$

EXTENT OF APPLICATION: \$

TANGIBLE BENEFITS

SAVINGS: \$

(INDICATE COMPUTATION)

JUSTIFICATION: (Mandatory requirement for ALL SPECIAL ACTS OR SERVICE AWARDS.)

RECOMMENDED BY: (Name/Title):

DATE:

SIGNATURE OF APPROVING OFFICIAL:

DATE:

BUREAU OF NAVAL PERSONNEL
SPECIAL ACT OR SERVICE AWARD RECOMMENDATION
(Continuation Sheet)

JUSTIFICATION: (Mandatory requirement for ALL SPECIAL ACTS OR SERVICE AWARDS.)